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SERIAL NUMBER 10/616,887	FILING OR 371(c) DATE 07/10/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. U 014713-7
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APPLICANTS

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PV 12/27/06

** CONTINUING DATA *****

This application is a CIP of 10/358,130 02/04/2003 PAT 7,115,127

** FOREIGN APPLICATIONS *****

PV 12/27/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/09/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>		
Verified and Acknowledged	<i>PV</i> Examiner's Signature <i>PV</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
ISRAEL	11	27	3

ADDRESS

32042

TITLE

Methods and apparatus for hemostasis following arterial catheterization

FILING FEE RECEIVED 563	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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